

1995 Kansas African American Survey

Sections:

Section A: Health Status.....	2
Section B: Health Care Access.....	4
Section C: Hypertension Awareness.....	6
Section D: Cholesterol Awareness.....	7
Section E: Diabetes.....	8
Section F: Injury Control.....	9
Section G: Tobacco Use.....	12
Section H: Alcohol Consumption.....	14
Section I: Demographics.....	15
Section J: Women's Health.....	20
Section K: Colorectal Cancer Screening.....	30
Section L: HIV/AIDS.....	32

Modules:

Module M: Fruits and Vegetables.....	36
Module N: Exercise.....	37
Module O: Quality of Life.....	38
Module P: Health Care Utilization.....	42
Module Q: Firearms.....	45
Module R: Violence and Crime.....	46

Section A: Health Status

The interview will only take a short time, and all the information obtained in this study will be confidential.

1. Would you say that in general your health is:

Please Read

- | | | |
|----|-----------|---|
| a. | Excellent | 1 |
| b. | Very good | 2 |
| c. | Good | 3 |
| d. | Fair | 4 |
| or | | |
| e. | Poor | 5 |

- | | | |
|-----------------------------------|---------------------|---|
| Don't read these responses | Don't know/Not Sure | 7 |
| | Refused | 9 |

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- | | | |
|----|---------------------|-----|
| a. | Number of days | -- |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- | | | |
|----|--|-----|
| a. | Number of days | -- |
| b. | None If Q. 2 also "None," go to Q. 5 (p. 5) | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

a.	Number of days	--
b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

Section B: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- | | | | |
|----|---------------------|-------------------|---|
| a. | Yes | Go to Q. 7 | 1 |
| b. | No | | 2 |
| | Don't know/Not sure | Go to Q. 7 | 7 |
| | Refused | Go to Q. 7 | 9 |

6. About how long has it been since you had health care coverage?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past 6 months (1 to < 6 months ago) | 1 |
| b. | Within the past year (6 to < 12 months ago) | 2 |
| c. | Within the past 2 years (1 to < 2 years ago) | 3 |
| d. | Within the past 5 years (2 to < 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| | Don't know/Not sure | 7 |
| | Never | 8 |
| | Refused | 9 |

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

8. About how long has it been since you last visited a doctor for a routine checkup?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to < 12 months ago) | 1 |
| b. | Within the past 2 years (1 to < 2 years ago) | 2 |
| c. | Within the past 5 years (2 to < 5 years ago) | 3 |
| d. | 5 or more years ago | 4 |
| | Don't know/Not sure | 7 |
| | Never | 8 |
| | Refused | 9 |

Section C: Hypertension Awareness

9. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past 6 months (1 to < 6 months ago) | 1 |
| b. | Within the past year (6 to < 12 months ago) | 2 |
| c. | Within the past 2 years (1 to < 2 years ago) | 3 |
| d. | Within the past 5 years (2 to < 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| | Don't know/Not sure | 7 |
| | Never Go to Q. 12 (p. 8) | 8 |
| | Refused | 9 |

10. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Q. 12 (p. 8) | 2 |
| | Don't know/Not sure Go to Q. 12 (p. 8) | 7 |
| | Refused Go to Q. 12 (p. 8) | 9 |

11. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- | | | |
|----|---------------------|---|
| a. | More than once | 1 |
| b. | Only once | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section D: Cholesterol Awareness

12. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Q. 15 (p. 9) | 2 |
| | Don't know/Not sure Go to Q. 15 (p. 9) | 7 |
| | Refused Go to Q. 15 (p. 9) | 9 |

13. About how long has it been since you last had your blood cholesterol checked?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to < 12 months ago) | 1 |
| b. | Within the past 2 years (1 to < 2 years ago) | 2 |
| c. | Within the past 5 years (2 to < 5 years ago) | 3 |
| d. | 5 or more years ago | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

14. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section E: Diabetes

15. Have you ever been told by a doctor that you have diabetes?

**If "Yes" and
female, ask
"Was this
only when
you were
pregnant?"**

- | | | |
|----|--|---|
| a. | Yes Go to Green Module | 1 |
| b. | Yes, but female told only during pregnancy | 2 |
| c. | No | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section F: Injury Control

16. How often do you use seatbelts when you drive or ride in a car?
Would you say:

Please Read

- | | | |
|----|---------------|---|
| a. | Always | 1 |
| b. | Nearly Always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| or | | |
| e. | Never | 5 |

**Do not
read these
responses**

- | | |
|------------------------------|---|
| Don't know/Not sure | 7 |
| Never drive or ride in a car | 8 |
| Refused | 9 |

17. What is the age of the oldest child in your household under the age of 16?

Code

**<1 yr.
as "01"**

- | | | |
|----|---|-----|
| a. | Code age in years | -- |
| b. | No children under age 16 Go to Q. 20 (p. 12) | 8 8 |
| | Don't know/Not sure Go to Q. 20 (p. 12) | 7 7 |
| | Refused Go to Q. 20 (p. 12) | 9 9 |

18. How often does the [fill in age from Q. 17]-year-old child in your household use
a...

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car? Would you say:

Please Read

- | | | |
|----|---------------|---|
| a. | Always | 1 |
| b. | Nearly always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| or | | |
| e. | Never | 5 |

**Do not
read these
responses**

- | | |
|----------------------|---|
| Don't know/Not sure | 7 |
| Never rides in a car | 8 |
| Refused | 9 |

If oldest child 5 years or older, continue with Q. 19. Otherwise, go to Q. 20 (p. 12).

19. During the past year, how often has the [fill in age from Q. 17]-year-old child worn a bicycle helmet when riding a bicycle? Would you say:

Please Read

- | | | |
|----|---------------|---|
| a. | Always | 1 |
| b. | Nearly Always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| or | | |
| e. | Never | 5 |

**Do not
read these
responses**

- | | |
|-----------------------|---|
| Don't know/Not sure | 7 |
| Never rides a bicycle | 8 |
| Refused | 9 |

20. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past month (0 to < 1 month ago) | 1 |
| b. | Within the past 6 months (1 to < 6 months ago) | 2 |
| c. | Within the past year (6 to < 12 months ago) | 3 |
| d. | One or more years ago | 4 |
| e. | Never | 5 |
| f. | No smoke detectors in home | 6 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section G: Tobacco Use

21. Have you smoked at least 100 cigarettes in your entire life?
5 packs
= 100
ciga-
rettes
- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Q. 27 (p. 15) | 2 |
| | Don't know/Not sure Go to Q. 27 (p. 15) | 7 |
| | Refused Go to Q. 27 (p. 15) | 9 |
22. Do you smoke cigarettes now?
- | | | |
|----|------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q. 26 (p. 14) | 2 |
| | Refused Go to Q. 27 (p. 15) | 9 |
23. On how many of the past 30 days did you smoke cigarettes?
- | | | |
|----|---|-----|
| a. | Number of days If 29 or less, go to Q. 24a (p. 14) | -- |
| b. | None Go to Q. 26 (p. 14) | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |
24. On the average, about how many cigarettes a day do you now smoke?
1 pack
= 20
ciga-
rettes
- | | | |
|--|---|-----|
| | Number of cigarettes Go to Q. 25 (p. 14) | -- |
| | Don't know/Not sure Go to Q. 25 (p. 14) | 7 7 |
| | Refused Go to Q. 25 (p. 14) | 9 9 |

- 24a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

1 pack

= 20

**ciga-
rettes**

Number of cigarettes **Go to Q. 27 (p. 15)** _ _

Don't know/Not sure **Go to Q. 27 (p. 15)** 7 7

Refused **Go to Q. 27 (p. 15)** 9 9

25. During the past 12 months, have you quit smoking for 1 day or longer?

a. Yes **Go to Q. 27 (p. 15)** 1

b. No **Go to Q. 27 (p. 15)** 2

Don't know/Not sure **Go to Q. 27 (p. 15)** 7

Refused **Go to Q. 27 (p. 15)** 9

26. About how long has it been since you last smoked cigarettes regularly, that is, daily?

Read Only if Necessary

a. Within the past month (0 to < 1 month ago) 0 1

b. Within the past 3 months (1 to < 3 months ago) 0 2

c. Within the past 6 months (3 to < 6 months ago) 0 3

d. Within the past year (6 to < 12 months ago) 0 4

e. Within the past 5 years (1 to < 5 years ago) 0 5

f. Within the past 15 years (5 to < 15 years ago) 0 6

g. 15 or more years ago 0 7

Don't know/Not sure 7 7

Never smoked regularly 8 8

Refused 9 9

Section H: Alcohol Consumption

27. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

a.	Yes	1
b.	No Go to Q. 32 (p. 17)	2
	Don't know/Not sure Go to Q. 32 (p. 17)	7
	Refused Go to Q. 32 (p. 17)	9

28. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

a.	Days per week	1	--
b.	Days per month	2	--
	Don't know/Not sure Go to Q. 30	7	7 7
	Refused Go to Q. 30	9	9 9

29. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?

	Number of drinks	--
	Don't know/Not sure	7 7
	Refused	9 9

30. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

a.	Number of times	--
b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

31. During the past month, how many times have you driven when you've had perhaps too much to drink?

- | | | |
|----|---------------------|-----|
| a. | Number of times | -- |
| b. | None | 8 8 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

Section I: Demographics

These next few questions just ask for a little more information about yourself.

32. What is your age?

Code age in years	--
Don't know/Not sure	0 7
Refused	0 9

33. What county do you live in?

FIPS county code	-----
Don't know/not sure	7 7 7
Refused	9 9 9

34. Are you of Spanish or Hispanic origin?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

35. Are you:

Please Read

- | | | |
|----|---------------------------------|---|
| a. | Married | 1 |
| b. | Divorced | 2 |
| c. | Widowed | 3 |
| d. | Separated | 4 |
| e. | Never been married | 5 |
| or | | |
| f. | A member of an unmarried couple | 6 |
| | Refused | 9 |

36. How many children live in your household who are...

Please Read

Code 1-9:

7 = 7 or more

8 = None

9 = Refused

- | | | |
|----|--------------------------|---|
| a. | less than 5 years old? | — |
| b. | 5 through 12 years old? | — |
| c. | 13 through 17 years old? | — |

37. What is the highest grade or year of school you completed?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Never attended school or kindergarten only | 1 |
| b. | Grades 1 through 8 (Elementary) | 2 |
| c. | Grades 9 through 11 (Some high school) | 3 |
| d. | Grade 12 or GED (High school graduate) | 4 |
| e. | College 1 year to 3 years (Some college or technical school) | 5 |
| f. | College 4 years or more (College graduate) | 6 |
| | Refused | 9 |

38. Are you currently:

Please Read

- | | | |
|----|----------------------------------|---|
| a. | Employed for wages | 1 |
| b. | Self-employed | 2 |
| c. | Out of work for more than 1 year | 3 |
| d. | Out of work for less than 1 year | 4 |
| e. | Homemaker | 5 |
| f. | Student | 6 |
| g. | Retired | 7 |
| or | | |
| h. | Unable to work | 8 |
| | Refused | 9 |

39. Is your annual household income from all sources:

Read as Appropriate

- | | | | |
|--|----|---|-----|
| If res-
pondent
refuses
at any
income
level,
code
refused | a. | Less than \$25,000 If "no," ask e; if "yes," ask b
(\$20,000 to less than \$25,000) | 0 4 |
| | b. | Less than \$20,000 If "no," code a; if "yes," ask c
(\$15,000 to less than \$20,000) | 0 3 |
| | c. | Less than \$15,000 If "no," code b; if "yes," ask d
(\$10,000 to less than \$15,000) | 0 2 |
| | d. | Less than \$10,000 If "no," code c | 0 1 |
| | e. | Less than \$35,000 If "no," ask f
(\$25,000 to less than \$35,000) | 0 5 |
| | f. | Less than \$50,000 If "no," ask g
(\$35,000 to less than \$50,000) | 0 6 |
| | g. | Less than \$75,000 If "no," code h
(\$50,000 to \$75,000) | 0 7 |

- | | | | |
|--|----|---------------------|-----|
| | h. | \$75,000 or more | 0 8 |
| Do not
read these
responses | | Don't know/Not sure | 7 7 |
| | | Refused | 9 9 |
40. About how much do you weigh without shoes?
- | | | |
|-----------------------------------|---------------------|-----------------|
| Round
fractions
up | Weight | — — —
pounds |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |
41. About how tall are you without shoes?
- | | | |
|-------------------------------------|---------------------|--------------------------------|
| Round
fractions
down | Height | $\frac{_}{_}$ —
ft/inches |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |
42. Do you have more than one telephone number in your household?
- | | | |
|----|----------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q. 44 | 2 |
| | Refused Go to Q. 44 | 9 |
43. How many residential telephone numbers do you have?
- | | | |
|--|---------------------------------------|---|
| | Total telephone numbers [8=8 or more] | — |
| | Refused | 9 |
44. Indicate sex of respondent. **Ask Only if Necessary**
- | | | |
|--|---------------------------------|---|
| | Male Go to Q. 68 (p. 31) | 1 |
| | Female | 2 |

Section J: Women's Health

These next questions ask about medical services you may have recieved. Please remember that you can refuse to answer any question that you feel uncomfortable with.

45. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Q. 50 (p. 23) | 2 |
| | Don't know/Not sure Go to Q. 50 (p. 23) | 7 |
| | Refused Go to Q. 50 (p. 23) | 9 |

46. How long has it been since you had your last Pap smear?

Read Only if Necessary

- | | | |
|----|---|---|
| a. | Within the past year (1 to < 12 months ago) Go to Q. 49 (p. 23) | 1 |
| b. | Within the past 2 years (1 to < 2 years ago) Go to Q. 49 (p. 23) | 2 |
| c. | Within the past 3 years (2 to < 3 years ago) | 3 |
| d. | Within the past 5 years (3 to < 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| | Don't know/Not sure Go to Q. 49 (p. 23) | 7 |
| | Refused Go to Q. 49 (p. 23) | 9 |

47. What is the most important reason why you did not have a Pap smear during the past two years?

Do Not Read

- | | | |
|----|--|-----|
| a. | Doctor did not suggest it/No referral | 0 1 |
| b. | I did not need one/Not necessary/No symptoms | 0 2 |
| c. | Cost/No insurance | 0 3 |
| d. | Painful | 0 4 |
| e. | Don't know where to go | 0 5 |
| f. | No time, too busy | 0 6 |
| g. | Other _____ | 0 7 |
| h. | No Reason Go to Q. 49 (p. 23) | 0 8 |
| | Don't Know/Not Sure Go to Q. 49 (p. 23) | 7 7 |
| | Refused Go to Q. 49 (p. 23) | 9 9 |

48. Is there another reason why you did not have a Pap smear during the past two years?

Do Not Read

- | | | |
|----|--|-----|
| a. | Doctor did not suggest it/No referral | 0 1 |
| b. | I did not need one/Not necessary/No symptoms | 0 2 |
| c. | Cost/No insurance | 0 3 |
| d. | Painful | 0 4 |
| e. | Don't know where to go | 0 5 |
| f. | No time, too busy | 0 6 |
| g. | Other _____ | 0 7 |
| h. | No other reasons | 0 8 |

Don't Know/Not Sure 7 7

Refused 9 9

49. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?

a. Routine exam 1

b. Check current or previous problem 2

c. Other 3

Don't know/Not sure 7

Refused 9

50. A clinical breast examination is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

a. Yes 1

b. No **Go to Q. 53 (p. 24)** 2

Don't know/Not sure **Go to Q. 53 (p. 24)** 7

Refused **Go to Q. 53 (p. 24)** 9

51. How long has it been since your last breast exam?

Read Only if Necessary

a. Within the past year (1 to < 12 months ago) 1

b. Within the past 2 years (1 to < 2 years ago) 2

c. Within the past 3 years (2 to < 3 years ago) 3

d. Within the past 5 years (3 to < 5 years ago) 4

e. 5 or more years ago 5

Don't know/Not sure 7

Refused 9

52. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

- | | | |
|----|----------------------------------|---|
| a. | Routine Checkup | 1 |
| b. | Breast problem other than cancer | 2 |
| c. | Had breast cancer | 3 |
| d. | Other _____ | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

53. Have you ever done a self breast examination?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Q. 56 (p. 25) | 2 |
| | Don't Know/Not Sure Go to Q. 56 (p. 25) | 7 |
| | Refused Go to Q. 56 (p. 25) | 9 |

54. About how often do you do self breast examinations?

- | | | |
|----|-----------------------|-------|
| a. | Times per month | 1 _ _ |
| b. | Times per year | 2 _ _ |
| c. | Less than once a year | 8 8 8 |
| | Don't Know/Not Sure | 7 7 7 |
| | Refused | 9 9 9 |

55. How did you learn to do a self breast examination?

- | | | |
|----|--------------------------------|---|
| a. | Doctor | 1 |
| b. | Nurse/Nurse practitioner | 2 |
| c. | Other health care professional | 3 |
| d. | Friend or relative | 4 |
| e. | Book, pamphlet, or video | 5 |
| f. | No instruction | 6 |
| g. | Other _____ | 8 |
| | Don't Know/Not Sure | 7 |
| | Refused | 9 |

56. Have you or another relative such as your mother, sister, or daughter ever had breast cancer? **(circle all that apply)**

- | | | |
|----|---------------------|---|
| a. | No/No One | 1 |
| b. | Yes, myself | 2 |
| c. | Yes, mother | 3 |
| d. | Yes, sister | 4 |
| e. | Yes, daughter | 5 |
| f. | Yes, other _____ | 6 |
| | Don't Know/Not Sure | 7 |
| | Refused | 9 |

57. A mammogram is an x-ray of each breast to look for breast cancer. Do you know at what age a woman should start having a mammogram every year?

	a. Age	--
Interviewer	Don't Know/Not Sure	0 7
note: according		
ACS guidelines	Refused	0 9

58. Have you ever had a mammogram?

a.	Yes Go to Q. 61 (p. 27)	1
b.	No	2
	Don't know/Not sure Go to Q. 66 (p. 29)	7
	Refused Go to Q. 66 (p. 29)	9

If "No" and the respondent is less than 40 years old Go to Q. 66 (p. 29)

59. What is the most important reason why you have never had a mammogram?

Do Not Read

a.	Doctor did not suggest it/No referral	0 1
b.	I did not need one/Not necessary/No symptoms	0 2
c.	Cost/No insurance	0 3
d.	Painful	0 4
e.	Don't know where to go	0 5
f.	No time, too busy	0 6
g.	Other _____	0 7
h.	No Reason Go to Q. 66 (p. 29)	0 8
	Don't Know/Not Sure Go to Q. 66 (p. 29)	7 7

60. Is there another reason why you have never had a mammogram?

Do Not Read

- | | | |
|----|--|-----|
| a. | Doctor did not suggest it/No referral
Go to Q. 66 (p. 29) | 0 1 |
| b. | I did not need one/Not necessary/No symptoms
Go to Q. 66 (p. 29) | 0 2 |
| c. | Cost/No insurance Go to Q. 66 (p. 29) | 0 3 |
| d. | Painful Go to Q. 66 (p. 29) | 0 4 |
| e. | Don't know where to go Go to Q. 66 (p. 29) | 0 5 |
| f. | No time, too busy Go to Q. 66 (p. 29) | 0 6 |
| g. | Other _____ Go to Q. 66 (p. 29) | 0 7 |
| h. | No other reasons Go to Q. 66 (p. 29) | 0 8 |
| | Don't Know/Not Sure Go to Q. 66 (p. 29) | 7 7 |
| | Refused Go to Q. 66 (p. 29) | 9 9 |

61. How old were you when you had your first mammogram?

- | | | |
|----|------------------------|-----|
| a. | Age at first mammogram | -- |
| | Don't Know/Not Sure | 0 7 |
| | Refused | 0 9 |

62. How long has it been since you had your last mammogram?

- a. Within the past year (1 to < 12 months ago)
Go to Q. 65 (p. 29) 1
- b. Within the past 2 years (1 to < 2 years ago)
Go to Q. 65 (p. 29) 2
- c. Within the past 3 years (2 to < 3 years ago) 3
- d. Within the past 5 years (3 to < 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure **Go to Q. 65 (p. 29)** 7
- Refused **Go to Q. 65 (p. 29)** 9

If the respondent is less than 40 years old Go to Q. 65 (p. 29)

63. What is the most important reason why you did not have a mammogram during the past two years?

Do Not Read

- a. Doctor did not suggest it/No referral 0 1
- b. I did not need one/Not necessary/No symptoms 0 2
- c. Cost/No insurance 0 3
- d. Painful 0 4
- e. Don't know where to go 0 5
- f. No time, too busy 0 6
- g. Other _____ 0 7
- h. No Reason **Go to Q. 65 (p. 29)** 0 8
- Don't Know/Not Sure **Go to Q. 65 (p. 29)** 7 7
- Refused **Go to Q. 65 (p. 29)** 9 9

64. Is there another reason why you did not have a mammogram during the past two years?

Do Not Read

a.	Doctor did not suggest it/No referral	0 1
b.	I did not need one/Not necessary/No symptoms	0 2
c.	Cost/No insurance	0 3
d.	Painful	0 4
e.	Don't know where to go	0 5
f.	No time, too busy	0 6
g.	Other _____	0 7
h.	No other reasons	0 8
	Don't Know/Not Sure	7 7
	Refused	9 9

65. Why did you decide to get your last mammogram?

a.	Routine checkup	1
b.	Doctor suggested it	2
c.	Family or friends suggested it	3
d.	Breast problem (pain, lump, discharge)	4
e.	Other _____	5
	Don't Know/Not Sure	7
	Refused	9

66. Have you had a hysterectomy?

- | | | |
|---|-----------------------------------|---|
| A hysterectomy is an operation to remove the uterus (womb) | a. Yes Go to Q. 68 (p. 30) | 1 |
| | b. No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If respondent 45 years old or older, go to Q. 68 (p. 30).

67. To your knowledge, are you now pregnant?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

**If the respondent is 40 years old or older, continue with Q. 68.
Otherwise go to Section L: HIV/AIDS (p. 32)**

Section K: Colorectal Cancer Screening

68. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam?

- a. Yes 1
- b. No **Go to Q. 70** 2
- Don't know/Not sure **Go to Q. 70** 7
- Refused **Go to Q. 70** 9

69. When did you have your last digital rectal exam?

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

70. A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems. Have you ever had this exam?

- a. Yes 1
- b. No **Go to Section L: HIV/AIDS (p. 32)** 2
- Don't know/Not sure **Go to Section L: HIV/AIDS (p. 32)** 7
- Refused **Go to Section L: HIV/AIDS (p. 32)** 9

71. When did you have your last proctoscopic exam?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to 12 months ago) | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 5 years (2 to 5 years ago) | 3 |
| d. | 5 or more years ago | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section L: HIV/AIDS

If respondent is 65 years old or older, go to Section M: Fruit and Vegetables (p. 36)

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

72. What are your chances of getting infected with HIV, the virus that causes AIDS?
Would you say:

Please Read

	a. High	1
	b. Medium	2
	c. Low	3
	or	
	d. None	4
	Not applicable Go to Q. 74 (p. 32)	5
Do not read these responses	Don't know/Not sure	7
	Refused	9

73. Have you ever had your blood tested for HIV?

a. Yes	1
b. No Go to Q. 78 (p. 35)	2
Don't know/Not sure Go to Q. 78 (p. 35)	7
Refused Go to Q. 78 (p. 35)	9

74. When was your last blood test for HIV?

Code month and year	--/--
Don't know/Not sure	7 7 7 7
Refused	9 9 9 9

75. What was the main reason you had your last blood test for HIV?

Reason code _ _

Read only if necessary

a.	For hospitalization or surgical procedure	0 1
b.	To apply for health insurance	0 2
c.	To apply for life insurance	0 3
d.	For employment	0 4
e.	To apply for a marriage license	0 5
f.	For military induction or military service	0 6
g.	For immigration	0 7
h.	Just to find out if you were infected	0 8
i.	Because of referral by a doctor	0 9
j.	Because of pregnancy	1 0
k.	Referred by your sex partner	1 1
l.	Because it was part of a blood donation process	1 2
m.	For routine check-up	1 3
n.	Because of occupational exposure	1 4
o.	Because of illness	1 5
p.	Other	8 7
	Don't know/Not sure	7 7
	Refused	9 9

76. Where did you have your last blood test for HIV?

Facility Code _ _

Read only if necessary

a.	Private doctor, HMO	0 1
b.	Blood bank, plasma center, Red Cross	0 2
c.	Health department	0 3
d.	AIDS clinic, counseling, testing site	0 4
e.	Hospital, emergency room, outpatient clinic	0 5
f.	Family planning clinic	0 6
g.	Prenatal clinic	0 7
h.	Tuberculosis clinic	0 8
i.	STD clinic	0 9
j.	Community health clinic	1 0
k.	Clinic run by employer	1 1
l.	Insurance company clinic	1 2
m.	Other public clinic	1 3
n.	Drug treatment facility	1 4
o.	Military induction or military service site	1 5
p.	Immigration site	1 6
q.	At home, home visit by nurse or health worker	1 7
r.	At home using self-testing kit	1 8
s.	Other	8 7
	Don't know/Not sure	7 7
	Refused	9 9

77. Did you receive the results of your last test?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

78. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say:

Please read

- | | | |
|----|--------------------------|---|
| a. | Very effective | 1 |
| b. | Somewhat effective | 2 |
| | or | |
| c. | Not at all effective | 3 |
| | Don't know how effective | 4 |
| | Don't know method | 5 |
| | Refused | 9 |

**Do not
read these
responses**

79. Has concern about HIV or AIDS caused you to change your sexual behavior?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Module M: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

1. How often do you eat fruit, including fruit juices?

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

2. How many servings of vegetables do you usually eat, including salad and potatoes?

- a. Per day 1 _ _
- b. Per week 2 _ _
- c. Per month 3 _ _
- d. Per year 4 _ _
- e. Never 5 5 5
- Don't know/Not sure 7 7 7
- Refused 9 9 9

Module N: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go Module O (p. 40) | 2 |
| | Don't know/Not sure Go Module O (p. 40) | 7 |
| | Refused Go Module O (p. 40) | 9 |

2. What type of physical activity or exercise did you spend the most time doing during the past month?

See coding Activity (specify): _ _
List A

Refused **Go to Q. 6** 9 9

Ask Q. 3 only if answer to Q. 2 is running, jogging, walking, or swimming.
All others, go to Q. 4.

3. How far did you usually walk/run/jog/swim?

See coding	Miles and tenths	_ _ _
list B if		
response is	Don't know/Not sure	7 7 7
not in miles		
and tenths	Refused	9 9 9

4. How many times per week or per month did you take part in this activity during the past month?

- | | | |
|----|---------------------|-------|
| a. | Times per week | 1 _ _ |
| b. | Times per month | 2 _ _ |
| | Don't know/Not sure | 7 7 7 |
| | Refused | 9 9 9 |

5. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Hours and minutes	--:--
Don't know/Not sure	7 7 7
Refused	9 9 9

6. Was there another physical activity or exercise that you participated in during the last month?

a. Yes	1
b. No Go to Module O (p. 40)	2
Don't know/Not sure Go to Module O (p. 40)	7
Refused Go to Module O (p. 40)	9

7. What other type of physical activity gave you the next most exercise during the past month?

See coding list A	Activity (specify):	--
	Refused Go to Module O (p. 40)	9 9

Ask Q. 8 only if answer to Q. 7 is running, jogging, walking, or swimming. All others go to Q. 9.

8. How far did you usually walk/run/jog/swim?

See coding list B if response is not in miles and tenths	Miles and tenths	---
	Don't know/Not sure	7 7 7
	Refused	9 9 9

9. How many times per week or per month did you take part in this activity?

a. Times per week 1 _ _

b. Times per month 2 _ _

Don't know/Not sure 7 7 7

Refused 9 9 9

10. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Hours and minutes _ _ : _ _

Don't know/Not sure 7 7 7

Refused 9 9 9

Module O: Quality of Life

These next questions are about limitations you may have in your daily life.

1. Are you limited in any way in any activities because of any impairment or health problem?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Q. 4 (p. 41) | 2 |
| | Don't know/Not sure Go to Q. 4 (p. 41) | 7 |
| | Refused Go to Q. 4 (p. 41) | 9 |

2. What is the major impairment or health problem that limits your activities?

- | | | |
|----|--------------------------------------|-----|
| a. | Arthritis/rheumatism | 0 1 |
| b. | Back or neck problem | 0 2 |
| c. | Fractures, bone/joint injury | 0 3 |
| d. | Walking problem | 0 4 |
| e. | Lung/breathing problem | 0 5 |
| f. | Hearing problem | 0 6 |
| g. | Eye/vision problem | 0 7 |
| h. | Heart problem | 0 8 |
| i. | Stroke problem | 0 9 |
| j. | Hypertension/high blood pressure | 1 0 |
| k. | Diabetes | 1 1 |
| l. | Cancer | 1 2 |
| m. | Depression/anxiety/emotional problem | 1 3 |
| n. | Other impairment/problem | 1 4 |
| | Don't know/Not sure | 7 7 |

Refused

9 9

3. For how long have your activities been limited because of your major impairment or health problem?

a. Days 1 _ _

b. Weeks 2 _ _

c. Months 3 _ _

d. Years 4 _ _

Don't know/Not Sure 7 7 7

Refused 9 9 9

4. Are you taking or should be taking any medication on a daily basis to treat a disease or health problem, such as diabetes or high blood pressure?

a. Yes 1

b. No 2

Don't Know/Not Sure 7

Refused 9

Module P: Health Care Utilization

1. During the past two years, how often have you gotten your health care from an emergency room or urgent care center? Would you say:

Please read

- | | | |
|----|---------------------|---|
| a. | Always | 1 |
| b. | Nearly always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| e. | Never | 5 |
| | Don't Know/Not Sure | 7 |
| | Refused | 9 |

2. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

- | | | |
|----|---|---|
| a. | Yes Go to Q. 4 | 1 |
| b. | More than one place | 2 |
| c. | No Go to Q. 5 | 3 |
| | Don't know/Not sure Go to Module Q (p. 45) | 7 |
| | Refused Go to Module Q (p. 45) | 9 |

3. Is there one of these places that you go to most often when you are sick or need advice about your health?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Module Q (p. 45) | 2 |
| | Don't know/Not sure Go to Module Q (p. 45) | 7 |
| | Refused Go to Module Q (p. 45) | 9 |

4. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?
- a. Doctor's office or private clinic
Go to Module Q (p. 45) 0 1
 - b. Company or school health clinic/center
Go to Module Q (p. 45) 0 2
 - c. Community/migrant/rural clinic/center
Go to Module Q (p. 45) 0 3
 - d. County/city/public hospital outpatient clinic
Go to Module Q (p. 45) 0 4
 - e. Private/other hospital outpatient clinic
Go to Module Q (p. 45) 0 5
 - f. Hospital emergency room/Urgent care center
Go to Module Q (p. 45) 0 6
 - g. HMO/prepaid group
Go to Module Q (p. 45) 0 7
 - h. Psychiatric hospital or clinic
Go to Module Q (p. 45) 0 8
 - i. VA hospital or clinic
Go to Module Q (p. 45) 0 9
 - j. Military health care facility
Go to Module Q (p. 45) 1 0
 - k. Some other kind of place
Go to Module Q (p. 45) 1 1
 - Don't know/Not sure **Go to Module Q (p. 45)** 7 7
 - Refused **Go to Module Q (p. 45)** 9 9

5.	What is the main reason you do not have a usual source of medical care?	
a.	Two or more usual places	0 1
b.	Have not needed a doctor	0 2
c.	Do not like/trust/believe in doctors	0 3
d.	Do not know where to go	0 4
e.	Previous doctor is not available/moved	0 5
f.	No insurance/cannot afford	0 6
g.	Speak a different language	0 7
h.	No place is available/close enough/convenient	0 8
i.	Other	0 9
	Don't know/Not sure	7 7
	Refused	9 9

Module Q: Firearms

The next few questions are about firearms. We are interested only in firearms that work. This would include handguns, pistols, rifles, and automatic and semi-automatic weapons. We are not interested in BB and pellet guns, tear gas guns, and guns that can't fire.

1. Not including firearms in a car, truck, or other vehicle, are there any loaded firearms in your home?
 - a. Yes 1
 - b. No **Go to Section R (p. 46)** 2
 - Don't know/Not sure **Go to Section R (p. 46)** 7
 - Refused **Go to Section R (p. 46)** 9

2. Are all of the loaded firearms in your home stored in a locked place that can only be opened with a key or combination, or with a trigger lock that can only be opened with a key or combination?

A safety is not a trigger lock	a. Yes 1
	b. No 2
	Don't know/Not sure 7
	Refused 9

Section R: Violence and Crime

These last few questions deal with violence or crime.

1. When was the last time you heard a gunshot while you were at home?

- | | | |
|----|-----------------------|---|
| a. | Within the past week | 1 |
| b. | Within the past month | 2 |
| c. | Within the past year | 3 |
| d. | More than a year ago | 4 |
| e. | Never | 5 |
| | Don't Know/Not Sure | 7 |
| | Refused | 9 |

2. How afraid are you to leave your home at night?
Would you say:

Please read

- | | | |
|----|---------------------|---|
| a. | Very afraid | 1 |
| b. | Somewhat afraid | 2 |
| c. | A little afraid | 3 |
| or | | |
| d. | Not afraid | 4 |
| | Don't Know/Not Sure | 7 |
| | Refused | 9 |

3. How many times during the past month have you seen someone selling drugs in your neighborhood?

- | | | |
|----|---------------------|-----|
| a. | Times seen | -- |
| b. | None | 8 8 |
| | Don't Know/Not Sure | 7 7 |
| | Refused | 9 9 |

4. When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)?

- | | | |
|----|-----------------------|---|
| a. | Within the past week | 1 |
| b. | Within the past month | 2 |
| c. | Within the past year | 3 |
| d. | One or more years ago | 4 |
| e. | Never | 5 |
| | Don't Know/Not Sure | 7 |
| | Refused | 9 |

5. During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't Know/Not Sure | 7 |
| | Refused | 9 |

Request for an Adult Without a Phone and Closing Statement

We would like to have an opportunity to talk to African-Americans who do not have a phone. Are there any adults who live in a different household and use your phone on a regular basis (this might be relative, friend, or neighbor)?

No ==> That was my last question. Everyones answers will be combined to give us more information about the health practices of African-American Kansans. Thank you very much for your time and cooperation. **STOP**

Yes ==> Would it be possible for an adult from a another household without a phone to talk to me at this time?

Yes ==> May I please speak with them? Interview (use alternate form) the adult who comes to the phone

No ==> Is there a time that I could call back and talk to an adult from another household without a phone?

No==> That was my last question. Everyones answers will be combined to give us more information about the health practices of African-American Kansans. Thank you very much for your time and cooperation. **STOP**

Yes==> When I call back, who should I ask for? _____

Is this person an African-American? Yes or No

What time would it be best for me to call back? _____

Closing Statement

That was my last question. Everyone's answers will be combined to give us more information about the health practices of African-American Kansans. Thank you very much for your time and cooperation. **STOP**

Activity List for Common Leisure Activities: Coding List A

Code Description

01. Aerobics class
02. Backpacking
03. Badminton
04. Basketball
05. Bicycling for pleasure
06. Boating (canoeing, rowing, sailing for pleasure or camping)
07. Bowling
08. Boxing
09. Calisthenics
10. Canoeing/rowing – in competition
11. Carpentry
12. Dancing-aerobics/ballet
13. Fishing from river bank or boat
14. Gardening (spading, weeding, digging, filling)
15. Golf
16. Handball
17. Health club exercise
18. Hiking - cross-country
19. Home exercise
20. Horseback riding
21. Hunting large game - deer, elk
22. Jogging
23. Judo/karate
24. Mountain climbing
25. Mowing lawn
26. Paddleball
27. Painting/papering house
28. Racketball
29. Raking lawn
30. Running
31. Rope skipping
32. Scuba diving
33. Skating - ice or roller
34. Sledding, tobogganing
35. Snorkeling
36. Snowshoeing
37. Snow shoveling by hand
38. Snow blowing
39. Snow skiing
40. Soccer
41. Softball
42. Squash

- 43. Stair climbing
- 44. Stream fishing in waders
- 45. Surfing
- 46. Swimming laps
- 47. Table tennis
- 48. Tennis
- 49. Touch football
- 50. Volleyball
- 51. Walking
- 52. Waterskiing
- 53. Weight lifting
- 54. Other_____
- 55. Bicycling machine exercise
- 56. Rowing machine exercise

Coding List B

Lap Swimming

Size pool	Laps (1 lap = 2 lengths)
50 ft. pool	5 laps (10 lengths) = .1 mile
100 ft. pool	2½ laps (5 lengths) = .1 mile
50 meter pool	1½ laps (3 lengths) = .1 mile

Running/Jogging/Walking

½ mile = .5 mile
1/4 mile = .3 mile
1/8 mile = .1 mile
1 block = .1 mile